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CONFIRMATION NO. 2628

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|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CIP of 09/602,001 06/23/2000 PAT 6,607,744 *ps*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 07/16/2001

|  |  |                           |                        |                       |                             |
|--|--|---------------------------|------------------------|-----------------------|-----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>[Signature]</i> Initials | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>0 | TOTAL<br>CLAIMS<br>84 | INDEPENDENT<br>CLAIMS<br>32 |
|--|--|---------------------------|------------------------|-----------------------|-----------------------------|

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 24353  
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TITLE  
 Ingestibles possessing intrinsic color change

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|------------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>2156 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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